

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	HC		4-9-01
O.I.P.E. CLASSIFIER		48	4/30/01
FORMALITY REVIEW	900	854	57
RESPONSE FORMALITY REVIEW	Request	925	09-19-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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